

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO		FEC IDENTIFICATION NUMBER ▼ C C00626119	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Signified Media Group			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 6163 Bernhard Avenue			Amount <table border="1" style="display:inline-table; margin:0 5px;">18600.00</table>		
City Richmond	State CA	Zip Code 94805	Transaction ID : PDT.E.31		
Purpose of Expenditure Digital Advertisements and Website		Category/Type 24A	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate Knight, Steve, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">37200.00</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Signified Media Group			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 6163 Bernhard Avenue			Amount <table border="1" style="display:inline-table; margin:0 5px;">18600.00</table>		
City Richmond	State CA	Zip Code 94805	Transaction ID : PDT.E.32		
Purpose of Expenditure Digital Advertisements and Website		Category/Type 24E	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate Caforio, Bryan, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">37200.00</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">37200.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pulaski, Art, , ,

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO		FEC IDENTIFICATION NUMBER ▼ C C00626119	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee California Labor Federation, AFL-CIO		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">28</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address 600 Grand Avenue, Suite 410		Amount <table border="1" style="display:inline-table; margin:0 5px;">937.26</table>	
City Oakland	State CA	Zip Code 94565	Transaction ID : PDT.E.33
Purpose of Expenditure Lodging and Travel Expenses for Canvassing. 10/8/16-11/8/16 (Estimate)		Category/Type 24A	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">28</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee California Labor Federation, AFL-CIO		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">28</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address 600 Grand Avenue, Suite 410		Amount <table border="1" style="display:inline-table; margin:0 5px;">468.63</table>	
City Oakland	State CA	Zip Code 94565	Transaction ID : PDT.E.34
Purpose of Expenditure Lodging and Travel Expenses for Canvassing. 10/8/16-11/8/16 (Estimate)		Category/Type 24A	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">28</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<table border="1" style="display:inline-table; margin:0 5px;">1405.89</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures..... ►	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Labor Federation, AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 600 Grand Avenue, Suite 410		Amount 937.26	
City Oakland	State CA	Zip Code 94565	Transaction ID : PDT.E.35
Purpose of Expenditure Lodging and Travel Expenses for Canvassing. 10/8/16-11/8/16 (Estimate)		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		32964.96	

Full Name of Payee California Labor Federation, AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 600 Grand Avenue, Suite 410		Amount 468.63	
City Oakland	State CA	Zip Code 94565	Transaction ID : PDT.E.36
Purpose of Expenditure Lodging and Travel Expenses for Canvassing. 10/8/16-11/8/16 (Estimate)		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		25810.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1405.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	40011.78

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[Electronically Filed]

Date

MM / DD / YYYY
10 / 28 / 2016

Signature